

<b>CLAIMS ONLY</b>							Application Number <i>10/858099</i>		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	*	Indep	Depend	Indep	Depend
1							51				
2							52				
3							53				
4							54				
5							55				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	4						Total Indep				
Total Depend	0	←		←		←	Total Depend	←	←	←	←
Total Claims	4						Total Claims				